

2003 FORM MO-PTS

ı	Attachment Sequence No. 1040-07 and 1040P-01
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	THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.										
NAME	LAST NAME		FIRST NAME		INITIAL	BIRTHDATE	SOC	CIAL SECURITY NO.			
_	SPOUSE'S LAST NA	ME	FIRST NAME		INITIAL	BIRTHDATE	SPO	DUSE'S SOCIAL SECURITY N	NO.		
S.	You must che included with	eck a qualification to be el	ligible for a cre	edit. Check o	only one.	Copies of letters, for	ms, e	tc., must be			
QUALIFICATIONS	☐ A. 65 years of age or older (Attach a copy of Form SSA-1099.) ☐ C. 100% Disabled (Attach a copy of Security Administration or Form SSA-1099.)					orm S	SSA-1099.)	ial			
QUA	□ B. 100% Disabled Veteran (Attach a copy of the letter from Department of Veteran's Affairs.) □ D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.)										
FIL	FILING STATUS Single Married — Filing Combined Married — Living Separate for Entire Year						lf ma you m	If married filing combined, you must report both incomes.			
Failure to provide proper supporting documentation (lease agreement(s), tax receipt(s), 1099(s), W-2(s), etc.) will result in denial or delay of your claim! Items listed below in bold MUST be attached to claim if that line has an amount entered on it.											
1	. Enter the amo	ount of income from Form MO-	-1040, Line 6, Of	R Form MO-104	10P, Line 4.		1		00		
2		unt of social security benefits be oad retirement benefits. Attach					2		00		
3	<ol> <li>Enter the total amount of pensions, annuities, dividends, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 6 (if filing Form MO-1040). Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-INSC, etc.</li> </ol>						3		00		
4	Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions.  Attach Form RRB/1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 8.						4		00		
5	Enter the amount of veteran's payments or benefits before any deductions.  Attach letter from Veteran's Affairs.						5		00		
6	<ol> <li>Enter the total amount received by you and/or your minor children from: public relief, public assistance, SSI, child support, or Temporary Assistance (TA) payments. Attach letter from SSA, letter from Social Services, letter from DCSE, letter from DFS, if applicable.</li> </ol>						6		00		
7	Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income here. (Include capital loss from Federal Form 1040, Line 13a.)						7		00		
8	TOTAL household income — Add Lines 1 through 7. Enter total here.					8		00			
9	. Enter \$2,000 i Otherwise, en	you are married and filing a cor er "0".	nbined claim with	your spouse.			9	-	00		
10	Net household income — Subtract Line 9 from Line 8. If the total is over \$25,000,     no credit or refund is allowed. Do not file this claim.						10		00		
11	assessments.	rour home, enter the total amour Attach a copy of PAID real es e acres or you own a mobile h	state tax receipt(	s). If your hom	ne is on		11		00		
12	right. (If total explanation.)	our home, enter the amount from F yearly rent is more than Line 8 Attach lease agreement(s), re- from landlord, along with Form	s, attach rent payint receipt(s),	Line 8 in the box ment	to the	x 20% =	12		00		
13	. Total tax and/	or rent — Add Lines 11 and 12 a	and enter the tota	<u>l</u>	<u> </u>	<u></u>	13		00		
	. Apply Lines 10	and 13 to the chart on pages 2 the chart to see how much refunt on Form MO-1040, Line 37	29 and 30 to figure fund you are allow	e your Property ·	Tax Credit.				00		
		THIS FORM MUST	BE ATTACH	ED TO FORI	M MO-104	0 OR FORM MO-1	040P				